Reprinted from the "Glasgow Medical Journal" for August, 1890.]

UNUSUALLY LARGE NASAL POYLPI, WITH REMARKS ON THE METHODS EMPLOYED IN THEIR REMOVAL.*

By Dr. WALKER DOWNIE.

The specimens which I bring before you to-night are, from their size, so much out of the usual run of nasal polypi, that I thought their exhibition would be of interest to the Society.

The one marked 27 was removed from an old lady 74 years of age. She was first seen by me about the middle of April 1889, when she complained of obstruction in the left nostril of many years' duration. She was under the impression that the obstruction was the result of a blow on the head received in early life, and she had become in great measure accustomed to the obstruction. Within the previous 12 months, however, she had had frequent attacks of epistaxis from the affected nostril, and it was mainly on account of this latter symptom that she called upon me.

On examination, a large mucous polypus was seen, which completely blocked the left naris, projecting slightly anteriorly, and also making its appearance in the post-nasal space. On pressing it aside with a nasal probe, the surface of the septum, against which the polypus pressed firmly, was seen to be eroded, and I concluded that the hæmorrhage had its origin there. Notwithstanding her advanced age, I recommended removal of the polypus as the only effectual means of checking the hæmorrhage, to which she consented later on.

Towards the end of June of same year chloroform was administered by Dr. Reid, and by means of a pair of strong forceps I removed the polypus now shown. The limbs of the forceps were placed in position, grasping the lower edge of the middle turbinated, from which it sprang, and which, by

* Read before the Southern Medical Society, 24th April, 1890.

probing, had been found to be bare; then locked and left in position. At the end of two or three minutes they were given little more than half a turn, by which the part was separated and removed. No bleeding followed. The naris was plugged with absorbent cotton and the patient put off to bed. The polypus measures $2\frac{3}{4}$ inches in length, and $1\frac{1}{2}$ inch at its greatest depth.

The next two specimens, labelled 22 and 23, were taken from a patient at the Poliklinik last June. The patient was a woman aged 49, who had complained of the hindrance to respiration for many years, and had been frequently recommended by medical men to have it removed, but always feared that she could not "stand" the operation. The smaller one (22), which is quite large enough, occupied the right nasal meatus. It is markedly pedunculated, and shows the point of origin from the under surface of the middle turbinated very well. The large one (23) measured $3\frac{1}{4}$ inches in length when removed. The straight line which forms the "back-bone" of the specimen is the lower edge of the middle spongy bone. From this we have three polypi springing, or rather the polypus mass divided into three lobes, two crushing forwards and one growing backwards, which, when *in situ*, occupied the pharyngo-nasal space. The specimen is much shrivelled from its prolonged immersion in spirits. The fourth specimen (30) was removed at the Throat Department of the Western Infirmary last July. The patient was a native of Holland, where he had had several polypi removed from his nose 4 years previously. There is here also a scale of bone with the polypoid growth attached, which latter has shrunk, but we can still see that it is an unusually large polypus, measuring now $2\frac{1}{2}$ inches in length.

Of the methods by which nasal polypi may be removed there are three principal ones, each of which has its advocates —namely, by the use of the forceps, the cold snare, and the galvano-caustic snare. I have no intention of discussing the relative merits of these methods, as I employ all three, using the one which I consider most suitable in any given case. The polypi which are before you to-night were all removed by forceps of the pattern which I show you. The blades are long, hollowed out along the centre line of their inner surface, and furnished with fine teeth along their edges, by means of which a good bite is taken, and the handles are provided with a lock. In applying them, the meatus is dilated with the speculum (Lennox Browne's pattern by preference), and the naris is well illuminated by the use of the frontal mirror. With the parts

thus clearly in view, the opened forceps—that is, with a blade on either side of the polypus—are gently passed in, it may be with a wriggling movement, to such an extent as to include the whole area from which the polypus springs, along with a thin scale of the lower edge of the bone. They are then closed, locked and left in position, by which manœuvre the vessels leading to the growth are so crushed that little or no bleeding follows the removal of the polypus. At the end of two or three minutes the forceps are gently turned round, and when half or two-thirds of a complete turn has been given the mass is detached and readily comes away. Having in this way removed all polypi visible, the nares are plugged with antiseptic absorbent cotton wool, and the patient left for a week. At the end of a week other polypi may be visible on examination, they having rapidly made their appearance consequent on the removal of pressure exerted by those previously removed. These fresh ones are removed in the same manner as the former ones. This operation having been repeated until no fresh growths appear, the mucous membrane in the neighbourhood of the parts from which they sprang is then carefully seared with the electric cautery; the consequent cicatrisation seems to prevent the reappearance of this morbid condition.

The removal of a piece of bone with the growth which I practise in such cases is no new method, for Valsalva in the 17th century recommended it, and two such well known surgeons as Ferguson and Pirogoff advocated the removal, "together with the polypus of a lamella of bone from which it springs." This is done without any interference with the physiological function of the nose.

In the treatment of small polypi where there is a distinct pedicle, and where no evidence of necrosing ethmoiditis can be detected, I use the galvano-caustic snare or the cold wire snare, followed by cauterisation of the site of the growth. In either case the part is previously and thoroughly anæsthetised with cocaine, and thus the operation is all but painless.

GLASGOW: PRINTED BY ALEX. MACDOUGALL.